

**FOCA County BRFSS Questionnaire  
(Franklin, Osage, Coffey, Anderson Counties)**

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**Local BRFSS Questionnaire**  
Franklin, Osage, Anderson, Coffey

HELLO, I'm \_\_\_\_\_ calling from the Kansas Department of Health and Environment in Topeka in cooperation with \_\_\_\_\_ (Fill in -- Franklin, Osage, Coffey, Anderson)County. We're doing a study of the health practices of \_\_\_\_\_ (Fill in -- Franklin, Osage, Coffey, Anderson)County residents. Your phone number was chosen randomly to be included in the study, and we'd like to ask some questions about the things people do which may affect their health.

Is this \_\_\_\_\_ ?

**No** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence?

**No** Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.  
**If "you," go to page 3**

**To correct respondent**

Hello, I'm  
\_calling for the  
\_\_\_\_\_I'm a member of a special  
research team. We're doing a study of  
\_\_\_\_\_residents  
regarding their health practices and  
day-to-day living habits. You have been  
randomly chosen to be included in the  
study from among the adult members of  
your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

**Section 1: Health Status**

1. Would you say that in general your health is:

**Please Read**

- |              |   |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good      | 3 |
| d. Fair      | 4 |
| <b>or</b>    |   |
| e. Poor      | 5 |

Don't know/Not Sure

7

Do not  
read these  
responses

Refused9

## Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No Go to Q. 4b (p. 6)              | 2 |
| Don't know/Not sure Go to Q. 7 (p. 8) | 7 |
| Refused Go to Q. 7 (p. 8)             | 9 |

3. Do you have Medicare?

- |  |                          |   |
|--|--------------------------|---|
| <b>Medicare is a coverage plan for people 65 or over and for certain disabled people</b> | a. Yes Go to Q. 7 (p. 8) | 1 |
|  | b. No                    | 2 |
|  | Don't know/not sure      | 7 |
|  | Refused                  | 9 |

- 4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- |   |     |
|---|-----|
| a. Your employer Go to Q. 6 (p. 7)  | 0 1 |
| b. Someone else's employer Go to Q. 6 (p. 7)  | 0 2 |
| c. A plan that you or someone else buys on your own Go to Q. 6 (p. 7)                   | 0 3 |
| d. Medicare Go to Q. 6 (p. 7)   | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] Go to Q. 6 (p. 7)  | 0 5 |
| f. The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q. 6 (p. 7)                     | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service] Go to Q. 6 (p. 7) or | 0 7 |

	h. Some other source Go to Q. 6 (p. 7)	0 8
Do not read these responses	None Go to Q. 5 (p. 7)	8 8
	Don't know/Not sure Go to Q. 6 (p. 7)	7 7
	Refused Go to Q. 6 (p. 7)	9 9

4b. There are some types of coverage you may not have considered.  
Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer Go to Q.6 (p. 7)	0 1
	b. Someone else's employer Go to Q.6 (p. 7)	0 2
	c. A plan that you or someone else buys on your own Go to Q.6 (p. 7)	0 3
	d. Medicare Go to Q.6 (p. 7)	0 4
	e. Medicaid or Medical Assistance [or substitute state program name] Go to Q.6 (p. 7)	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q.6 (p. 7)	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] Go to Q.6 (p. 7) or	0 7
	h. Some other source Go to Q.6	0 8
Do not read these responses	None	8 8
	Don't know/Not sure Go to Q. 7 (p. 8)	7 7
	Refused Go to Q. 7 (p. 8)	9 9

5. About how long has it been since you had health care coverage?

**Read Only if Necessary**

a. Within the past 6 months (1 to 6 months ago) Go to Q. 7	1
b. Within the past year (6 to 12 months ago) Go to Q. 7	2

- c. Within the past 2 years (1 to 2 years ago) 3  
Go to Q. 7
- d. Within the past 5 years (2 to 5 years ago) 4  
Go to Q. 7
- e. 5 or more years ago Go to Q. 7 5
- Don't know/Not sure Go to Q.7 7
- Never Go to Q. 7 8
- Refused Go to Q. 7 9

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

- If "no," ask "Is there more than one or is there no usual doctor who you go to?"
- a. Yes, only one 1
  - b. More than one 2
  - c. No 3
  - Don't know/Not sure 7

Refused

9

9. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Never   | 8 |
| Refused                                       | 9 |



### Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |
| Don't know/Not sure                             | 7 |
| Never <b>Go to Q. 13 (p. 12)</b>                | 8 |
| Refused   | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 13 (p. 11)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 13 (p. 11)</b> | 7 |
| Refused <b>Go to Q. 13 (p. 11)</b>             | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- |                     |   |
|---------------------|---|
| a. More than once   | 1 |
| b. Only once        | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 4: Cholesterol Awareness**

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No Go to Q. 16 (p. 13) 2
- Don't know/Not sure Go to Q. 16 (p. 13) 7
- Refused Go to Q. 16 (p. 13) 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

**Section 5: Diabetes**

16. Have you ever been told by a doctor that you have diabetes? (51)

If "Yes" and  
female, ask  
"Was this  
only when

- a. Yes 1
- b. Yes, but female told only during pregnancy 2

you were pregnant?"	c. No	3
	Don't know/Not sure	7
	Refused	9

## Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 27 (p. 17)               | 2 |
| Don't know/Not sure Go to Q. 27 (p. 17) | 7 |
| Refused Go to Q. 27 (p. 17)             | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): \_\_\_\_\_  
See coding list A

Refused Go to Q. 22 (p. 15) 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim? (55-57)

<b>See coding list B if response is not in miles and tenths</b>	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Times per week   | 1 | — | — |
| b. Times per month  | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

Hours and minutes	__ : __ __
Don't know/Not sure	7 7 7
Refused	9 9 9

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27 (p. 17)	2
Don't know/Not sure Go to Q. 27 (p. 17)	7
Refused Go to Q. 27 (p. 17)	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____
	See coding list A
Refused Go to Q. 27 (p. 17)	9 9

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25.

24. How far did you usually walk/run/jog/swim? (67-69)

See coding  
list B if

response is  
not in  
miles and  
tenths

	Miles and tenths__
	__.
Don't know/Not sure	7 7 7
Refused	9 9 9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

## Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?  
(76)

Would you say: **Please Read**

- |                  |   |
|------------------|---|
| a. Always        | 1 |
| b. Nearly Always | 2 |
| c. Sometimes     | 3 |
| d. Seldom        | 4 |
| <b>or</b>        |   |
| e. Never         | 5 |

Do not  
read these  
responses

Don't know/Not sure 7

Never  
drive or  
ride in a  
car 8

Refused 9

28. What is the age of the oldest child in your household under the  
age of 16? (77-78)

Code  
<1 yr.  
as "01"

- |  |     |
|--|-----|
| a. Code age in years                                   |     |
| b. No children under age 16 <b>Go to Q. 30 (p. 19)</b> | 8 8 |
| Don't know/Not sure <b>Go to Q. 30 (p. 19)</b>         | 7 7 |
| Refused <b>Go to Q. 30 (p. 19)</b>                     | 9 9 |

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

a. Always 1

b. Nearly always 2

c. Sometimes 3

d. Seldom 4

**or**

e. Never 5

**Do not  
read these  
responses**

Don't know/Not sure 7

Never  
rides in a  
car 8

Refused 9



## Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?  
(80)

5 packs  
= 100  
ciga-  
rettes

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 35 (p. 21)               | 2 |
| Don't know/Not sure Go to Q. 35 (p. 21) | 7 |
| Refused Go to Q. 35 (p. 21)             | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?  
(81)

- |                                   |   |
|-----------------------------------|---|
| a. Everyday                       | 1 |
| b. Some days Go to Q. 32a         | 2 |
| c. Not at all Go to Q. 34 (p. 20) | 3 |
| Refused Go to Q. 35 (p. 21)       | 9 |

32. On the average, about how many cigarettes a day do you now smoke?  
(82-83)

1 pack  
= 20  
ciga-  
rettes

- |  |     |
|--|-----|
| Number of cigarettes Go to Q. 33 (p. 20) |     |
| Don't know/Not sure Go to Q. 33 (p. 20)  | 7 7 |
| Refused Go to Q. 33 (p. 20)              | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(84-85)

1 pack  
= 20  
ciga-  
rettes

- |  |     |
|--|-----|
| Number of cigarettes Go to Q. 35 (p. 21) |     |
| Don't know/Not sure Go to Q. 35 (p. 21)  | 7 7 |
| Refused Go to Q. 35 (p. 21)              | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer?  
(86)

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 35 (p. 21)</b>              | 1 |
| b. No <b>Go to Q. 35 (p. 21)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 35 (p. 21)</b> | 7 |
| Refused <b>Go to Q. 35 (p. 21)</b>             | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. Within the past month (0 to 1 month ago)     | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago)    | 0 4 |
| e. Within the past 5 years (1 to 5 years ago)   | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago                         | 0 7 |
| Don't know/Not sure                             | 7 7 |
| Never smoked regularly                          | 8 8 |
| Refused   | 9 9 |

**Section 9: Smokeless Tobacco Use**

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

- |  |  |   |
|--|--|---|
| <b>Probe for<br/>chewing<br/>tobacco,<br/>snuff,<br/>or both</b> | a. Yes, chewing tobacco                        | 1 |
|  | b. Yes, snuff                                  | 2 |
|  | c. Yes, both                                   | 3 |
|  | d. No, neither <b>Go to Q. 37 (p. 22)</b>      | 4 |
|  | Don't know/Not sure <b>Go to Q. 37 (p. 22)</b> | 7 |
|  | Refused <b>Go to Q. 37 (p. 22)</b>             | 9 |

36. Do you currently use any smokeless tobacco products such as  
chewing tobacco or snuff? (90)

<b>"Yes"</b> <b>includes</b> <b>occa-</b> <b>sional</b> <b>use</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

**Section 10: Demographics**

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: (specify)\_\_\_\_\_ 5

**Do not** Don't know/Not sure 7

**read these**

**responses**

Refused9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

**Please Read**

- |                                    |   |
|------------------------------------|---|
| a. Married                         | 1 |
| b. Divorced                        | 2 |
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| <b>or</b>                          |   |
| f. A member of an unmarried couple | 6 |
| Refused                            | 9 |

41. How many children live in your household who are...

**Please Read**

- |                      |                             |          |
|----------------------|-----------------------------|----------|
| <b>Code 1-9</b>      | a. less than 5 years old?   | ___ (96) |
| <b>7 = 7 or more</b> | b. 5 through 12 years old?  | ___ (97) |
| <b>8 = None</b>      | c. 13 through 17 years old? | ___ (98) |
| <b>9 = Refused</b>   |                             |          |

42. What is the highest grade or year of school you completed? (99)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten                   | 1 |
| b. Grades 1 through 8 (Elementary)                              | 2 |
| c. Grades 9 through 11 (Some high school)                       | 3 |
| d. Grade 12 or GED (High school graduate)                       | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate)                   | 6 |
| Refused   | 9 |

43. Are you currently: (100)

**Please Read**

- |                                     |   |
|-------------------------------------|---|
| a. Employed for wages               | 1 |
| b. Self-employed                    | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker                        | 5 |
| f. Student                          | 6 |
| g. Retired                          | 7 |
| or                                  |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

44. Is your annual household income from all sources: (101-102)

**Read as Appropriate**

**If res-  
pondent  
refuses  
at any  
income  
level,  
code  
refused**

- |  |     |
|--|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b<br>(\$20,000 to less than \$25,000)  | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c<br>(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d<br>(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c  | 0 1 |
| e. Less than \$35,000 If "no," ask f<br>(\$25,000 to less than \$35,000)                   | 0 5 |

Do not read these responses	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
	Don't know/Not sure	7 7
	Refused	9 9
45. About how much do you weigh without shoes?		(103-105)
Round fractions up	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
46. About how tall are you without shoes?		(106-108)
Round fractions down	Height	<u>    </u> / ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
47. What is your zip code?		(109-113)
Zip code		
Don't know/not sure		7 7 7 7 7
Refused		9 9 9 9 9
48. Do you have more than one telephone number in your household?		(114)
a. Yes		1
b. No Go to Q. 50		2
Refused Go to Q. 50		9

49. How many residential telephone numbers do you have? (115)

**Exclude dedicated fax  
and computer  
lines**

Total telephone numbers [8=8 or more]

Refused

9

50. Indicate sex of respondent. **Ask Only if Necessary** (116)

Male **Go to Q. 62 (p. 32)**

1

Female

2



## Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer.  
Have you ever had a mammogram? (117)

- a. Yes 1
- b. No **Go to Q. 54 (p. 28)** 2
- Don't know/Not sure **Go to Q. 54 (p. 28)** 7
- Refused **Go to Q. 54 (p. 28)** 9

52. How long has it been since you had your last mammogram? (118)

### **Read only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- a. Yes 1
- b. No Go to Q. 58 (p. 30) 2
- Don't know/Not sure Go to Q. 58 (p. 30) 7
- Refused Go to Q. 58 (p. 30) 9

55. How long has it been since your last breast exam? (121)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No Go to Q. 60 (p. 31) 2
- Don't know/Not sure Go to Q. 60 (p. 31) 7
- Refused Go to Q. 60 (p. 31) 9

58. How long has it been since you had your last Pap smear? (124)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

- a. Yes Go to Q. 62 (p. 32) 1
- b. No 2

**A hysterectomy is an operation**

to remove the	Don't know/Not sure	7
uterus (womb)	Refused	9

**If respondent 45 years old or older, go to Q. 62 (p. 32).**

61. To your knowledge, are you now pregnant?	(127)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Section 12: Immunization**

62. During the past 12 months, have you had a flu shot?	(128)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
63. Have you ever had a pneumonia vaccination?	(129)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Section 13: HIV/AIDS**

**If respondent is 65 years old or older, go to Section 14 (p. 36).**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
or		
d. None		4
Not applicable (Have HIV)	Go to Q. 66 (p. 34)	5
Don't know/Not sure		7
Refused		9

**Do not  
read these  
responses**

65. Have you ever had your blood tested for HIV? (131)

a. Yes		1
b. No	Go to Q. 70 (p. 37)	2
Don't know/Not sure	Go to Q. 70 (p. 37)	7
Refused	Go to Q. 70 (p. 37)	9

66. When was your last blood test for HIV? (132-135)

Code month and year	___	___/		
Don't know/Not sure	7	7	7	7
Refused	9	9	9	9

67. What was the main reason you had your last blood test for HIV?  
(136-137)

Reason code

**Read only if necessary**

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?  
(138-139)

Facility Code

**Read only if necessary**

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test? (140)

a. Yes 1



b.	No	2
	Don't know/Not sure	7
	Refused	9

## Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
  - b. No **Go to Q. 75** 2
  - Don't know/Not sure **Go to Q. 75** 7
  - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
  - b. Back or neck problem 0 2
  - c. Fractures, bone/joint injury 0 3
  - d. Walking problem 0 4
  - e. Lung/breathing problem 0 5
  - f. Hearing problem 0 6
  - g. Eye/vision problem 0 7
  - h. Heart problem 0 8
  - i. Stroke problem 0 9
  - j. Hypertension/high blood pressure 1 0
  - k. Diabetes 1 1
  - l. Cancer 1 2
  - m. Depression/anxiety/emotional problem 1 3
  - n. Other impairment/problem 1 4
  - Don't know/Not sure 7 7
  - Refused 9 9

72. For how long have your activities been limited because of your major impairment or health problem? (144-145)
- |                     |       |
|---------------------|-------|
| a. Days             | 1     |
| b. Weeks            | 2     |
| c. Months           | 3     |
| d. Years            | 4     |
| Don't know/Not Sure | 7 7 7 |
| Refused             | 9 9 9 |
73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)
- |                   |  |
|-------------------|--|
| a. Number of days |  |
|-------------------|--|

- |    |                     |   |   |
|----|---------------------|---|---|
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |
76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      | — | — |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |
77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      | — | — |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |
78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      |   |   |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |
79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      | — | — |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |



## Module 1: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

These next few questions will focus on the health of children.

1. What is the age of the youngest child in your household?
  - a. Age
 

Child less than 1 year old (0 to 11 months old	5	5
Don't Know/Not Sure	7	7
No Children Under Age 18 <b>Go to Next Module</b>	8	8
Refused	9	9
2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?
  - a. Daughter 0 1
  - b. Stepdaughter 0 2
  - c. Son 0 3
  - d. Stepson 0 4
  - e. Brother or Stepbrother 0 5
  - f. Sister or Stepsister 0 6
  - g. Grandson 0 7
  - h. Granddaughter 0 8
  - i. Other (specify)\_\_\_\_\_ 0 9
  - Don't Know/Not Sure 7 7
  - Refused 9 9
3. Would you say that in general the youngest child's health is:

### Please Read

- a. Excellent 1
- b. Very Good 2

- |    |                     |   |
|----|---------------------|---|
| c. | Good                | 3 |
| d. | Fair                | 4 |
|    | <b>or</b>           |   |
| e. | Poor                | 5 |
|    | Don't Know/Not Sure | 7 |
|    | Refused             | 9 |
4. Is the youngest child limited in any way in any activities because of any impairment or health problem?
- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |
|    | Refused             | 9 |
5. About how long has it been since the youngest child last visited a doctor for a routine checkup?
- Read only if necessary**
- |    |  |   |
|----|--|---|
| a. | Within the past year (1 to 12 months ago)  | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago                        | 4 |
|    | Don't know/Not sure                        | 7 |
|    | Never                                      | 8 |
|    | Refused                                    | 9 |
6. Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost?
- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |

Refused 9

7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health

- a. Yes 1
- b. More than one place 2
- c. No 3
- Don't Know/Not Sure 7
- Refused 9

8. Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- a. Yes 1
- b. No **Go to Q. 10** 2
- Don't know/Not sure **Go to Q. 11** 7
- Refused **Go to Q. 11** 9

9. What type of health care coverage do you use to pay for most of the youngest child's medical care?

Is it coverage through: **Please Read**

- a. Your employer **Go to Q. 11** 0 1
- b. Someone else's employer **Go to Q. 11** 0 2
- c. A plan that you or someone else buys on your own **Go to Q. 11** 0 3
- d. Medicare **Go to Q. 11** 0 4
- e. Medicaid or Medical Assistance [or substitute state program name] **Go to Q. 11** 0 5
- f. The military, CHAMPUS, or the VA [or CHAMP-VA] **Go to Q. 11** 0 6



g.	The Indian Health Service [or the Alaska Native Health Service] Go to Q. 11	0 7
	or	
h.	Some other source Go to Q. 11	0 8
	None Go to Q. 10	8 8
	Don't know/Not sure Go to Q. 11	7 7
	Refused Go to Q. 11	9 9

Do not  
read these  
responses

10. There are some types of coverage you may not have considered. Please tell me if the youngest child may have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
Do not read these responses	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

11. Did anyone in this household get food stamps at any time during the last 12 months?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If the respondent is male and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13.

12. Does the youngest child's father live in this household?

a. No	1
b. Yes, Father	2

c. Yes, Stepfather or adoptive father	3
Don't know/Not sure	7
Refused	9

**If the respondent is female and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.**

13. Does the youngest child's mother live in this household?

a. No	1
b. Yes, Mother	2
c. Yes, Stepmother or adoptive mother	3
Don't know/Not sure	7
Refused	9

**Module 2: Parenting (Children aged 2-17)**

If Q10.4a, Q10.4b, Q10.4c are all "None" or "Refused" go to Module 3: Violence and Crime

If Module 1: Health of Children Q. 2 is "Son", "Stepson", "daughter", or "Stepdaughter" go to Q. 2

If Module 1: Health of children Q. 1 > 17 then Skip to Module 3: Violence and Crime

1. Are you a parent or a guardian of the [age from M. 1 Q. 1] year old child?

- |  |   |
|--|---|
| A. Yes                                       | 1 |
| B. No <b>Go to Next Module</b>               | 2 |
| Don't know/not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

2. Would you say you are the parent or guardian who spends the most time caring for the [age from M. 1 Q. 1] year old child?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/not sure | 7 |
| Refused             | 9 |

3. Is the [age from M. 1 Q. 1] year old child's time divided between parents or guardians who live in separate households?

- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| No                  | 2 |
| Don't know/not sure | 7 |
| Refused             | 9 |

4. About how many hours did the [age from M. 1 Q. 1] year old child watch television yesterday?

- a. Number of hours of TV

b. None	8	8
Don't know/Not Sure	7	7
Refused	9	9

**If child is 5-17 years old go to Q. 5. If the child is aged 1-4 go to Q. 9**

5. To the following questions please answer how many days out of the past seven days you did the following activities with the [age from M. 1 Q. 1] year old child?

**CODE: 1-7= Number of days 8= Don't know 9= Refused**

- A. Played a sport, physical game, or exercised together with the [age from M. 1 Q. 1] year old child? \_\_\_\_\_
- B. Played a non-physical game with the [age from M. 1 Q. 1] year old child? \_\_\_\_\_
- C. Watched television with the [age from M. 1 Q. 1] year old child? \_\_\_\_\_
- D. Spent at least 20 minutes talking with the [age from M. 1 Q. 1] year old child? \_\_\_\_\_
- E. Helped the [age from M. 1 Q. 1] year old child with school activities or homework? \_\_\_\_\_
- F. Made the [age from M. 1 Q. 1] year old child responsible for completing a household chore? \_\_\_\_\_
- G. Attended a game or event the [age from M. 1 Q. 1] year old child participated in? \_\_\_\_\_

6. Please answer yes or no to the following questions. Are there family rules about:

<b>PLEASE READ EACH</b>	Yes	No	DK	Ref
a. What time the [age from M. 1 Q. 1] year old child goes to bed on a school night?	1	2	7	9
b. The amount of time the [age from M. 1 Q. 1] year old child is allowed to watch television?	1	2	7	9
c. Which television programs and movies the [age from				

- M. 1 Q. 1] year old child is allowed to watch? 1 2 7 9
- d. Which computer or video games the [age from M. 1 Q. 1] year old child is allowed to play? 1 2 7 9
7. Where does the [age from M. 1 Q. 1] year old child go most often when school lets out?
- a. Home 01
  - b. Child care provider/babysitter 02
  - c. Friend's home 03
  - d. Neighbor's home 04
  - e. Work 05
  - f. Spends time with friends 06
  - g. Community organization (YMCA, library, etc.) 07
  - h. After school sport, club, or other organized activity 08
  - i. Other (specify: ) 09
  - j. Not in school currently 10
  - Don't Know/Not Sure 77
  - Refused 99
8. On how many days out of the past seven days was the [age from M. 1 Q. 1] year old child supervised by an adult after school?
- a. Number of days (5 = 5 or more days) —  
**Go to Next Module**
  - b. Not in school currently **Go to Next Module** 8
  - Don't know/Not Sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
9. To the following questions please answer how many days during the past seven days you have done the following activities with the [age from M. 1 Q. 1] year old child.

- 9 = Refused  
8=Don't Know
- A. Played a sport, physical game, or exercised  
with the [age from M. 1 Q. 1] year old child? \_\_\_\_
- B. Played a non-physical game with the  
[age from M. 1 Q. 1] year old child? \_\_\_\_
- C. Watched television with the  
[age from M. 1 Q. 1] year old child? \_\_\_\_
- D. Read to the [age from M. 1 Q. 1] year old child? \_\_\_\_

10. About how many hours per week does the [age from M. 1 Q. 1] year  
old child spend in a day care center, day care home, or  
pre-school?

- a. Number of hours a week (76 = 76 or More)
- b. None 8 8
- Don't know/Not Sure 7 7
- Refused 9 9

### Module 3: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

**Please Read**

- a. Very afraid .....1
- b. Somewhat afraid .....2
- c. A little afraid .....3
- or**
- d. Not afraid .....4
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

**Read Only if Necessary**

- a. Within the past week .....1
- b. Within the past month .....2
- c. Within the past year .....3
- d. One or more years ago .....4
- e. Never .....5
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes .....1
- b. No .....2
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9



#### Module 4: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

Would you say: **Please Read**

- |                     |   |
|---------------------|---|
| a. Extremely safe   | 1 |
| b. Quite safe       | 2 |
| c. Slightly safe    | 3 |
| d. Not at all safe  | 4 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

2. Do you own or rent your home? (321)

- |         |   |
|---------|---|
| a. Own  | 1 |
| b. Rent | 2 |
| Refused | 9 |

3. How long have you lived at your current address? (322)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months)  | 2 |
| c. Less than two years (1 to 2 years)   | 3 |
| d. 2 or more years                      | 4 |
| Don't know/Not sure                     | 7 |
| Refused                                 | 9 |

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)

a.	3 or more	1
b.	2	2
c.	1	3
d.	None	4
	Don't know/Not Sure	7
	Refused	9

5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)

a.	Yes	1
b.	No	2
	Don't know/Not Sure	7
	Refused	9

**Module 5: Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  |   |
| <b>Go to Q. 3</b>                             | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure <b>Go to Q. 3</b>         | 7 |
| Never   | 8 |
| Refused <b>Go to Q. 3</b>                     | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code — —

**Read only if necessary**

- |   |     |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going   | 0 1 |
| b. Cost   | 0 2 |
| c. Do not have/know a dentist   | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth)  | 0 5 |
| f. Other priorities   | 0 6 |
| g. Have not thought of it   | 0 7 |
| h. Other  | 0 8 |
| Don't know/Not sure   | 7 7 |

Refused

9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

a. 5 or fewer	1	
b. 6 or more but not all	2	
c. All		3
d. None	8	
Don't know/Not sure	7	
Refused	9	

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

a. Yes		1
b. No	2	
Don't know/Not sure	7	
Refused	9	

5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?

**If "Yes"  
probe for  
which  
services**

a. Yes, fillings, caps or crowns, or root canal	1	
b. Yes, teeth pulled, dentures or partials	2	
c. Yes, both	3	
d. No	4	
Don't Know/Not Sure	7	
Refused		9

## Module 6: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. Are any of the firearms handguns, such as pistols or revolvers?
  - a. Yes 1
  - b. No **Go to Q. 4** 2
  - Don't know/Not sure 7
  - Refused 9
  
3. Are any of the firearms long guns, such as rifles or shotguns?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

4. What is the main reason that there are firearms in or around your home?

Would you say for...

**Please Read**

- |                      |   |
|----------------------|---|
| a. Hunting or sport  | 1 |
| b. Protection        | 2 |
| c. Work              | 3 |
| <b>or</b>            |   |
| d. Some other reason | 4 |
| Don't know/Not sure  | 7 |
| Refused              | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?

- |        |   |
|--------|---|
| a. Yes | 1 |
|--------|---|

- |                     |   |
|---------------------|---|
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
9. In the past three years, have you attended a firearm safety workshop, class, or clinic?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
10. Do any of the firearms kept in or around your home belong to you, personally?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Module 7: Alcohol Consumption**

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
  - a. Days per week 1
  - b. Days per month 2
  - Don't know/Not sure **Go to Q. 4** 7 7 7
  - Refused **Go to Q. 4** 9 9 9
  
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
 

Number of drinks

Don't know/Not sure 7 7

Refused 9 9
  
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
  - a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
  
5. During the past month, how many times have you driven when you've had perhaps too much to drink?



a.	Number of times		
b.	None	8	8
	Don't know/Not sure	7	7
	Refused	9	9

**Module 8: Injury**

1. During the past year, have you suffered an injury serious enough to keep you from doing your regular activities for at least one day?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

For these next few questions, if you have suffered more than one injury within the last year, please respond for the most serious injury you suffered during the past year.

2. Did your injury occur while you were at work?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

3. Where did your injury occur?

- |                            |     |
|----------------------------|-----|
| a. Home                    | 0 1 |
| b. Farm/Ranch              | 0 2 |
| c. Public building         | 0 3 |
| d. Industrial place        | 0 4 |
| e. Street/highway/road     | 0 5 |
| f. Mine/Quarry             | 0 6 |
| g. Recreational place      | 0 7 |
| h. Residential institution | 0 8 |
| i. Other (specify:_____)   | 0 9 |
| Don't Know/Not sure        | 7 7 |
| Refused                    | 9 9 |

4. What was the main cause of your injury?

- |               |     |
|---------------|-----|
| a. Fall       | 0 1 |
| b. Fire/burn  | 0 2 |
| c. Cut/pierce | 0 3 |
| d. Firearm    | 0 4 |

- |                                 |     |
|---------------------------------|-----|
| e. Machinery                    | 0 5 |
| f. Motor vehicle crash          | 0 6 |
| g. Other form of transportation | 0 7 |
| h. Poisoning                    | 0 8 |
| i. Suffocation                  | 0 9 |
| j. Overexertion                 | 1 0 |
| k. Fight/Physical assault       | 1 1 |
| l. Other (Specify:_____)        | 1 2 |
| Don't know/Not sure             | 7 7 |
| Refused                         | 9 9 |
5. Was your injury inflicted on purpose by yourself or someone else?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |
6. Did you receive treatment from a health professional for your injury?
- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |
7. Where did you receive treatment for your injury?
- Was it an: **Please Read**
- |   |   |
|---|---|
| a. Emergency room or urgent care center | 1 |
|---|---|

b.	Hospital	2
c.	Doctor's Office or HMO	3
d.	Health clinic or walk-in center	4
e.	Dentist or dental clinic	5
	<b>or</b>	
f.	Some other place	6
	Don't Know/Not sure	7
	Refused	9

**Module 9: Passive Smoke**

1. Including yourself, how many persons in your household are current cigarette smokers?
  - a. Number of current smokers (6 = 6 or more)
  - b. None **Go to Q. 3** 8
  - Don't know/Not Sure **Go to Q. 3** 7
  - Refused **Go to Go to Q. 3** 9
  
2. How many smoke inside the home?
  - a. Number of smokers who smoke inside (6 = 6 or more)
  - b. None 8
  - Don't know/Not Sure 7
  - Refused 9
  
3. Do you work outside the home?
  - a. Yes 1
  - b. No **Go to Q. 5** 2
  - Don't know/Not Sure **Go to Q. 5** 7
  - Refused **Go to Q. 5** 9
  
4. Which of the following best describes the policy about smoking at your work place?
  - a. No smoking allowed inside 1
  - b. Smoking restricted to a few designated areas 2
  - c. Smoking allowed in most places except where posted 3
  - d. No policy regarding smoking 4
  - Don't know/Not sure 7

Refused

9

## Module 10: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

- |   |     |
|---|-----|
| a. Lost job or changed employers<br>Go to Next Module   | 0 1 |
| b. Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change]<br>Go to Next Module | 0 2 |
| c. Became divorced or separated Go to Next<br>Module  | 0 3 |
| d. Spouse or parent died Go to Next Module  | 0 4 |
| e. Became ineligible because of age or because<br>left school Go to Next Module   | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage Go to Next Module   | 0 6 |
| g. Cut back to part time or became temporary<br>employee Go to Next Module  | 0 7 |
| h. Benefits from employer or former employer ran<br>out Go to Next Module   | 0 8 |
| i. Couldn't afford to pay the premiums<br>Go to Next Module   | 0 9 |
| j. Insurance company refused coverage<br>Go to Next Module  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility<br>Go to Next Module   | 1 1 |
| l. Other Go to Next Module  | 8 7 |
| Don't know/Not sure Go to Next Module   | 7 7 |
| Refused Go to Next Module   | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

Do not  
include  
plans that  
only cover  
one type of  
service or  
care

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

If respondent 66 years old or older, go to next module.  
If respondent answered "no", "don't know", or "refused" to core Q. 6 then go to next module.

3. What was the main reason you were without health care coverage?

- |  |     |
|--|-----|
| a. Lost job or changed employers   | 0 1 |
| b. Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change] | 0 2 |
| c. Became divorced or separated  | 0 3 |
| d. Spouse or parent died   | 0 4 |
| e. Became ineligible because of age or because<br>left school  | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage  | 0 6 |
| g. Cut back to part time or became temporary<br>employee   | 0 7 |
| h. Benefits from employer or former employer ran<br>out  | 0 8 |
| i. Couldn't afford to pay the premiums   | 0 9 |
| j. Insurance company refused coverage  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility   | 1 1 |
| l. Other   | 8 7 |



Don't know/Not sure	7 7
Refused	9 9

## Module 11: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- |  |   |
|--|---|
| a. Excellent                                 | 1 |
| b. Very Good                                 | 2 |
| c. Good                                      | 3 |
| d. Fair                                      | 4 |
| <b>or</b>                                    |   |
| e. Poor                                      | 5 |
| Not applicable/don't use any health services | 8 |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

**Do not  
read these  
responses**

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 5</b>                     | 1 |
| b. More than one place <b>Go to Q. 4</b>     | 2 |
| c. No  | 3 |
| Don't know/Not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

3. What is the main reason you do not have a usual source of medical care?

- |  |     |
|--|-----|
| a. Two or more usual places  | 0 1 |
| b. Have not needed a doctor <b>Go to Next Module</b>                         | 0 2 |
| c. Do not like/trust/believe in doctors<br><b>Go to Next Module</b>          | 0 3 |
| d. Do not know where to go <b>Go to Next Module</b>                          | 0 4 |
| e. Previous doctor is not available/moved<br><b>Go to Next Module</b>        | 0 5 |
| f. No insurance/cannot afford <b>Go to Next Module</b>                       | 0 6 |
| g. Speak a different language <b>Go to Next Module</b>                       | 0 7 |
| h. No place is available/close enough/convenient<br><b>Go to Next Module</b> | 0 8 |
| i. Other <b>Go to Next Module</b>  | 0 9 |
| Don't know/Not sure <b>Go to Next Module</b>                                 | 7 7 |
| Refused <b>Go to Next Module</b>   | 9 9 |

4. Is there one of these places that you go to most often when you are sick or need advice about your health?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

a. Doctor's office or private clinic	0 1
b. Company or school health clinic/center	0 2
c. Community/migrant/rural clinic/center	0 3
d. County/city/public hospital outpatient clinic	0 4
e. Private/other hospital outpatient clinic	0 5
f. Hospital emergency room	0 6
g. HMO/prepaid group	0 7
h. Psychiatric hospital or clinic	0 8
i. VA hospital or clinic	0 9
j. Military health care facility	1 0
k. Some other kind of place	1 1
Don't know/Not sure	7 7
Refused	9 9

6. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

a. Excellent	1
b. Very Good	2
c. Good	3
d. Fair	4
<b>or</b>	
e. Poor	5
Don't have usual place	8
Don't know/Not sure	7
Refused	9

**Do not  
read these  
responses**

## 7. When did you last change doctors?

**Read only if necessary**

<b>"Doctors" includes other health professionals</b>	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	f. Never <b>Go to Next Module</b>	8
	Don't know/Not sure <b>Go to Next Module</b>	7
	Refused <b>Go to Next Module</b>	9

## 8. Why did you change doctors that last time?

<b>"Doctors" includes other health professionals</b>	a. Changed residence or moved	0 1
	b. Changed jobs	0 2
	c. Changed health care coverage	0 3
	d. Provider moved or retired	0 4
	e. Dissatisfied with former provider or liked new provider better	0 5
	f. Former provider no longer reimbursed by my health care coverage	0 6
	g. Owed money to former provider	0 7
	h. Medical care needs changed	0 8
	i. Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

**Module 12: Preventive care**

1. During the past ten years have you received a tetanus shot?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Closing Statement**

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in our community. Thank you very much for your time and cooperation.